

PSFDH Enterprise Risk Management

Trending	Corporate/Enterprise Risk	Risk Score	Impact(s)			Current Year Comments/Notes	Mitigations
			Financial	Reputational	Safety		
	DEI	Moderate 6		Violation of core values; loss of trust from our community.		Multi-year plan in place - Health Equity Committee	Deliver staff training to support the rollout of DEI initiatives. Establish opportunities and environments that supports and promotes Indigenous health. Improve the spiritual space so it reflects and serves the diverse needs of everyone.
	Cybersecurity	High 9	Significant cost due to loss of system continuity	Loss of trust in hospital; breach of trust re: confidentiality.		Cybersecurity threats are increasing as the landscape continues to evolve rapidly, requiring the growing complexity of cybersecurity and IT infrastructure management. In spite of this, significant work and improvements made in the past year.	The hospital has improved it's cyber security posture by implementing advanced firewalls & intrusion detection system, Tehama remote access, redundancies, patch management, end point protection & monitoring, improving network architecture. The hospital has also improved access controls, auditing, multifaction authentication, training and education, policy and procedure development. The hospital is a member of the LDG led by TOH and has access to cybersecurity resources and monitoring as well as a cyber breach coach through the program.
	Hospital Acquired Infections (HAI)	High 9	Costs for outbreak(s): PPE, isolation, HHR overtime	Hospital needs to be known for solid IPAC measures and safety	require environment to be safe to continue to provide/maintain service levels	HAI surveillance continues to be a crucial piece of patient care. Daily surveillance, review of trends such as respiratory illnesses and diseases such as measles.	
	IT Systems & Infrastructure	High 12	Significant investments are required	Impact would be on service providers	Impact to continuity of care and services; our new EMR	Out of date technical infrastructure poses barriers to care (eg. We are not able to capitalize on virtual care options). Also poses a challenge for recruitment and retention of high performing staff and physicians.	<ul style="list-style-type: none"> - Hybrid infrastructure approach. Critical systems on-premise and non-critical systems in Cloud. - Development of "Modern Workplace" strategy and IT roadmap including planning of "Back Office" requirements for future implementation (Ie. Finance, HR, Scheduling). - Training and development for staff on new systems. - Planned replacement of aging servers.

↔	Health Human Resources (HHR) - Staff	High 12	May have financial impact if financial incentives are needed for recruitment; Overtime due to low staffing; staff burn-out leading to sick and overtime costs		Inability to provide patient care; impact safety; staff burn-out	Projects designed to enhance recruitment and sustain long-term retention. Ensuring stable staffing levels in key specialty units, including ED, ICU, and Obstetrics. Agency utilization remains concentrated in Med/Surg and the ED, with a targeted strategy to decrease this dependency and reduce premium expenditures.	Key strategies involve improving recruitment and retention practices, advancing communication and marketing efforts, and developing strong academic partnerships with universities and colleges. Workforce Edge - driven scheduling enhancements are centered on creating more effective schedules in Med/Surg, ED, and Housekeeping.
↔	Health Human Resources (HHR) - Physician	High 12	Ensuring access and service is provided throughout each program and reduce	Continue to be the hospital of choice for physicians who want to practice in our region	Ensure access to care	Ongoing recruitment and retention	Prioritizing recruitment and retention across the entire organization, with particular emphasis on supporting and stabilizing the obstetrical program.
↔	Access to Subacute Community Resources	Extreme 20	OR Cancellations related to lack of beds, increased OT in emerg to care for admitted patients waiting for beds, increased OT due to surge beds in use. ALC beds are funded lower than acute beds. Inappropriate acute resources used for ALC patients.	Emergency departments backlogged due to admitted patients waiting in emerg, LWBS rates may increase. Lack of patient engagement- patients spend + time in their rooms with no entertainment while waiting for ALC placement.	Admitted patients increasingly waiting in the emergency department due to no available acute care beds. Increased chance of HAI, depression, and institutionalization.	Ongoing pressure on bed capacity has resulted in continued use of surge and non-clinical spaces for acute care. ED congestion persists due to admitted patients waiting for beds. Limited patient engagement—especially for those awaiting ALC placement—contributes to higher risk of HAI, deconditioning, and psychosocial decline. Bed shortages are also driving OR cancellations and increased overtime in both the ED and units managing surge beds.	Ongoing partnership with OH@H to fulfill Home First directives, supported by external reviews to confirm accurate patient designation and discharge planning. Focused efforts with OH@H to decrease ALC numbers while preserving Senior Friendly care standards for high-risk older adults.
↔	Infrastructure & Physical Plant - Perth Site	High 9	Financial impact	Reputational risk if continuity of service compromised due to major infrastructure failure.	IPAC - safety measures; impact to patient and clinical services	Aging infrastructure in Perth will not support growth of clinical services. Perth is the only MDRD site. No humidification for patient environment and to maintain CSA standards for ORs, MDRD. Single aging emergency backup generator (1991) with no redundancy or load-shedding. Aging chillers with antiquated controls. Aging HVAC systems that do not meet current CSA standards.	Mitigation requires significant HIRF allocation or application to the MOHLTC for Small Projects Grant. Applications to the MOHLTC for generator replacement on both sites has been submitted. Deputy Minister attended tour of Perth site in summer of 2025.

	Infrastructure & Physical Plant - SF Site	High 8	Financial Impact	Reputational risk if continuity of service compromised due to major infrastructure failure.	IPAC - safety measures; impact to patient and clinical services	Single emergency back-up generator (no redundancy, load shedding etc.) Single aging chiller (2000) with no redundancy. Single high pressure boiler. Some roofing systems in need of remediation.	Mitigation requires significant HIRF allocation or application to the MOHLTC for Small Projects Grant. Replacement of SF Chiller currently underway. Applications to the MOHLTC for generator replacement on both sites has been submitted.
	Privacy Breach	High 8	Financial impact	Reputational impact	Patient and staff safety	Lumeo has increased risks with respect to opportunities for breach, however risk mitigations have been enhanced.	<ul style="list-style-type: none"> - Access controls and role level security implemented in Cerner. - Access controls & auditing in other applications. - A new P2Sentinel auditing solution implemented in Cerner which includes continuous monitoring of user access to confidential patient data, alerts, notifications and reporting. - Annual privacy training for all staff. - Regional Privacy Working Group established and meets monthly. - Ongoing policy and procedure development and implementation.
	Provincial Impacts/Instability	Extreme 20	Funding formula changes with new government could greatly impact resources; Hospital is financially dependent	Agency & Funding		Risk of unstable or uncertain direction around funding and governance.	<ul style="list-style-type: none"> - Continue advocacy efforts with Ministry, local Gov't officials. - Continue work to identify any efficiencies and prove/support current efficiency levels. - Cash advance application Feb 2026.
	Capital Equipment Needs	Extreme 20	Financial impact	Difficult to raise funds to potentially service debts		Limited access to capital outside of foundation. Required to finance HIS, MRI and any planned IT implementations through debt. Level of current funding not sufficient to meet needs to replace aging and end of life equipment, let alone implementation of innovative technologies. Decisions are purely risk based.	<ul style="list-style-type: none"> - Launched cross functional Capital Planning Committee. - Development of 5 year capital plan. - Physician impact analysis' being used to capture new capital requirements and to reduce in-year requests for new and end of life equipment. - CEO advocacy with local government for capital support.
	Medical Planning	Low 3	Possible loss of control over expenditures	Maintain best practices	Ensure opportunities are explored to ensure access to safe medical care	Continue multidisciplinary review of medical and capital needs. Ensure impact analysis are completed for all new physicians coming on as staff.	Continue to refine operational strategies already in place; work with the MAC to ensure review/approvals as well as post impact evaluations.

	Disaster Preparedness	High 9	All		Performed CBRN table top with local fire department and setup and tear down of Orange tent Fall 2025. Developing plans for further table top exercises, focusing on external and internal disasters (eg. evacuation, Code Gray)
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